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**MISSISSIPPI BAND OF CHOCTAW INDIANS  
EXPANSION OF SUBSTANCE ABUSE TREATMENT  
SERVICES FOR YOUTH AND THEIR FAMILIES  
PHILADELPHIA, MISSISSIPPI  
TI12335**

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## PROJECT DESCRIPTION

**Cluster Group Affiliation**—Native American

**Congressional Districts Served**—Mississippi 2<sup>nd</sup>

**Purpose, Goals, and Objectives**—Project CARES (Choctaw Approach to Resiliency and Empowerment) will enhance current substance abuse and mental health services to target youth and their families through a strengths-oriented, personal, and community empowerment approach to social, emotional, and behavioral health. Goals and objectives are listed below.

Goal 1: Develop improved systems of coordinated, youth-centered, family-focused, community-based treatment services, implementing multisystemic and wraparound service approaches, for at least 60 targeted youth and their families. Objective 1.1: Restructure the behavioral health, social services, and other Choctaw systems to implement multisystemic and wraparound approaches for at least 30 youth and their families. Objective 1.2: Train 15 Project CARES, 10 behavioral health, and 16 social services staff in multisystemic and wraparound service approaches; staff will obtain a score of 85 percent when tested on knowledge and skills following training. Objective 1.3: Increase by 30 percent opportunities for target youth and their families to participate in healthy, culturally oriented recreation and community-based activities.

Goal 2: Improve the educational, social, and emotional status of Choctaw youth challenged by substance abuse and co-occurring mental health problems and their families by providing youth-centered, family-focused, community-based diagnosis, treatment, and services delivery. Objective 2.1: Reduce youth and family substance abuse, diagnostic severity, juvenile justice involvement, and risk factors by 20 percent. Objective 2.2: Increase youth and family adaptive functioning and protective factors by 20 percent.

**Target Population/Geographic Service Area**—Mississippi Choctaw school-aged youth with substance abuse and mental health problems, antisocial behavior, and current or potential juvenile justice system involvement are the target group.

**Theoretical Model**—The models are multisystemic therapy (Hennegler et al., 1997) and wraparound services (Stroule & Friedman, 1996). Ecological theory is utilized, in which behavior is viewed as multidetermined and contextualized. There is an emphasis on child- and family-centered, culturally competent, community-based services.

**Service Providers**—The Mississippi Band of Choctaw Indians is a federally recognized tribe. The Department of Family and Community Services within the Division of Behavioral Health will administer the project on the Choctaw reservation. Interagency collaborators will include the University of Mississippi Medical Center and other agencies serving the Choctaw population, such as law enforcement agencies, community health clinics, and the juvenile justice system. The Mississippi Band of Choctaw Indians has an excellent, solid, and longstanding organizational management infrastructure.

**Services Provided**—The expansion grant will enhance current outpatient mental health and substance abuse services by adding multisystemic therapy and wraparound services. Care Coordination Teams, which will include a Family Service Coordinator and case managers, will be added to staff in three of the highest-need Choctaw communities—Bogue Chitto, Conehatta, and Pearl River—in year one. Services will be provided in homes and schools and at other locations in the client's community. The high intensity and dosage of service can be reduced over time, and other programs will be involved in coordinating healthy recreation

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activities. Services will include parent and family involvement, an interagency child protection team, and supervisory and leadership teams with clinical practice review and oversight as well as service barrier removal functions. Mental health and support services will include diagnostic evaluations from an ecological and strengths perspective, individualized services planning, intensive case management, day treatment, and aftercare.

**Number of Persons Served**—The current Division caseload is 347. The expansion grant proposes an extension of services to reach an additional 60 youth.

**Desired Project Outputs**—The desired outputs are covered under the project goals and objectives above.

**Consumer Involvement**—The target population and their families will be involved through community outreach and the involvement of consumers in the planning and delivery of services inherent in the theoretical models upon which this grant application is based.

## **EVALUATION**

**Strategy and Design**—Formative (process) and summative evaluation methods will be utilized to assess the attainment of goals and objectives. Data will be collected to answer the seven evaluation questions listed below, including service utilization statistics and consumer satisfaction questionnaire results. Outcome data will also be evaluated, utilizing assessment measures and other data described in the section on instruments below. Data will be collected at intake and at 6-month intervals.

**Evaluation Goals/Desired Results**—The evaluation goals are addressed by the evaluation questions and the goals and objectives that mirror the goals and objectives listed above.

**Evaluation Questions and Variables**—Evaluation questions will be: Who provided services? What agency or division provided services? What services were provided (modality, type, intensity, duration)? To whom were services provided? In what context were services provided (home, school, community, clinical setting, other)? At what cost were services provided (facilities and personnel)? What was the skill of the services provider?

**Instruments and Data Management**—Measures will include client intake instruments such as the diagnostic severity checklists from the DSM-IV, the DSM-IV Global Assessment of Functioning Scale, a Family Needs Survey, a Family Functioning Survey, Support Functions, the Family Support Scale, the Inventory of Social Support, the Level of Care Utilization System, and the Jellenac Scale. A computerized clinical case management system will be utilized, and data analysis will be facilitated with Crystal Reports. Statistical analysis will be conducted by Mississippi State University Social Science Research Center.

## **APPROVED FUNDING LEVEL**

01: \$495,917                      02: \_\_\_\_\_                      03: \_\_\_\_\_

**Funding Start Date** 9/00

**Funding End Date** 9/03